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Un					are required to resp RMINATION RE			information unio	es it disp oplication	siays a valid OMB spor Docket Num	ber
				e for Form PTC				10/	15	1261	
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN SMALL ENTITY	
	FOR		NUM	BER FILED	NUMBER EXTRA		RATE (5)	FEE (\$)		RATE (\$)	FEE (S)
BASIC FEE (37 CFR 1.18(a), (b), or (c))								150	•		300
SEARCH FEE (37 CFR 1.18(k), (1), or (m))							<del></del>	250			500
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))								100	-		200
TOTAL CLAIMS (37 CFR 1.16(1))				minus 20 =	•		X\$ 25		OR	X\$50	
INDEPENDENT CLAIMS (37 CFR 1.18(h))				minus 3 =	•		X\$100			X\$200	
APPLICATION SIZE FEE (37 CFR 1.18(s))			sheets of \$250 (\$1 50 sheets	cification and dra paper, the applic							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))					(I))		ř			: -	
• H U	If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL			TOTAL	
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OTHER THAN SMALL ENTITY	
ITA	/	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
WE.	Total (37 CFR 1.16(1))	· 26	Minus	- 29	- /	×	25=		OR	× 50=	
AMENDMENT	Independent (37 CFR 1.18(h))	. 4	Minus	<i>™ H</i>		×	100=	//	OR	× 200=	
₹	Application Size Fee (37 CFR 1.16(s))							<i> </i>	OR		<del>                                     </del>
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18())						TAL	<del>                                     </del>	1	TOTAL	<del>  /</del>
1,	H, 21,0	Jel,					DT FEE	<u> </u>	OR	ADD'T FEE	<del>/</del>
		(Column 1)		(Column 2)	(Column 3)				OR		
ENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (8)		RATE (\$)	ADOI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))	•	Minus	••	*	>	=		OR	х =	·
AMENDA	Independent (37 CFR 1.16(h))	•	Minus	***		×	=		OR	x =	
₹	Application Size Fee (37 CFR 1.16(s))								]		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))					L	17. <b>.</b>		OR	t # 2	
				· •			TAL OT FEE		OR	TOTAL ADD'T FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Paterr and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patente, P.O. Box 1450, Alexandria, VA 22313-1450.